

DMV IRP 003

SCHEDULE C

SUPPLEMENTAL APPLICATION

|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|---|---|-------------------------------|----------------------|--------------------------|-------------------------------|----------------------|---|---------------------|--|----------------------------------|---|--|-------------------------|------------------------|--|--|-----------------------|-------------------|
| 1   | ACCOUNT NUMBER  | FLEET NUMBER                  | SUPPLEMENTAL NUMBER  | LICENSE YEAR             | CLUB/LICENSE SERVICE USE ONLY |                      | PHYSICAL ADDRESS:   |                     |  |                                  | MAILING ADDRESS:  |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      | /                        | CLUB/LICENSE SERVICE NAME     |                      | WEST VIRGINIA INTERNATIONAL REGISTRATION PLAN<br>1606 WASHINGTON STREET EAST<br>CHARLESTON, WEST VIRGINIA 25311 |                     |  |                                  | WV INTERNATIONAL REGISTRATION PLAN<br>P.O. BOX 174<br>CHARLESTON, WEST VIRGINIA 25321 |  |                         |                        |  |  |                       |                   |
| NAME OF REGISTRANT                                |   |                               |                      |                          | AGENT                         |                      | TELEPHONE   |                     | CARRIER CONTACT INFORMATION (NOT FOR CLUB/LICENSE SERVICE USE) |                                  |   |  | 2                       | CODE KEY               |  |  |                       |                   |
| DOING BUSINESS AS                                 |   |                               |                      |                          | MAILING ADDRESS               |                      | REGISTRANT<br>TELEPHONE NUMBER: ( ) , EXT:  |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
| PHYSICAL LOCATION<br>No Rural Routes of P. O. Box |   |                               |                      |                          | CITY                          |                      | STATE   | ZIP CODE            | NAME OF CONTACT  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          | MAILING ADDRESS               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          | CITY                          |                      | STATE   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          | ZIP CODE                      |                      | COUNTY  |                     |  | CITY                             |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      | COUNTY  |                     |  | STATE                            |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          | ZIP CODE                      |                      | COUNTY  |                     |  | ZIP CODE                         |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      | COUNTY  |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
| 3   | FLEET RECORD INFORMATION:<br>TYPE OF OPERATION:   |                               |                      |                          | F.E.I.N./SS#                  |                      | DATE FIRST OPERATED AS A FLEET  |                     |  | NUMBER OF REGISTRATION MONTHS    |   | ** FUEL TYPE                             |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      | MO. DAY YEAR  |                     |  |                                  |   | D-DIESEL, P-PROPANE, G-GASOLINE, O-OTHER |                         |                        |  |  |                       |                   |
| 4   | DELETIONS   | 1<br>ORIGINAL<br>SUPPLEMENT   | 2<br>GROUP<br>NUMBER | 3<br>EQUIPMENT<br>NUMBER | 4<br>YEAR                     | 5<br>MAKE            | 6<br>VEHICLE IDENTIFICATION NUMBER<br>LIST COMPLETE VIN NUMBER  |                     |  | 7<br>APPORTIONED<br>PLATE NUMBER | 5   | TRANSACTION CODES                        |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
| 6   | UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW. EXCEPTIONS ON ANY JURISDICTIONS/WEIGHTS MUST BE GROUPED ON SEPARATE PAGES.  |                               |                      |                          | GROUP NUMBER                  | ALBERTA<br>AB        |   | ALASKA<br>AK        |  | ALABAMA<br>AL                    |   | ARKANSAS<br>AR                           |                         | ARIZONA<br>AZ          |  | BRITISH COLUMBIA<br>BC                             |                       |                   |
|   | CALIFORNIA<br>CA  |                               | COLORADO<br>CO       |                          | CONNECTICUT<br>CT             |                      | DIST. OF COL.<br>DC   |                     | DELAWARE<br>DE   |                                  | FLORIDA<br>FL   |  | GEORGIA<br>GA           |                        | HAWAII<br>HI                                       |  | IOWA<br>IA            |                   |
|   | ILLINOISE<br>IL   |                               | INDIANA<br>IN        |                          | KANSAS<br>KS                  |                      | KENTUCKY<br>KY  |                     | LOUISIANA<br>LA  |                                  | MASSACHUSETTS<br>MA   |  | MANITOBA<br>MB          |                        | MARYLAND<br>MD                                     |  | MAINE<br>ME           |                   |
|   | MINNESOTA<br>MN   |                               | MISSOURI<br>MO       |                          | MISSISSIPPI<br>MS             |                      | MONTANA<br>MT   |                     | MEXICO<br>MX   |                                  | NEW BRUNSWICK<br>NB   |  | NORTH CAROLINA<br>NC    |                        | NORTH DAKOTA<br>ND                                 |  | NEBRASKA<br>NE        |                   |
|   | NEW HAMPSHIRE<br>NH   |                               | NEW JERSEY<br>NJ     |                          | NEW MEXICO<br>NM              |                      | NOVA SCOTIA<br>NS   |                     | NW TERRITORY<br>NT   |                                  | NUNAVUT<br>NU   |  | NEVADA<br>NV            |                        | NEW YORK<br>NY                                     |  | OHIO<br>OH            |                   |
|   | ONTARIO<br>ON   |                               | OREGON<br>OR         |                          | PENNSYLVANIA<br>PA            |                      | P. E. ISLAND<br>PE  |                     | QUEBEC<br>QC   |                                  | RHODE ISLAND<br>RI  |  | SOUTH CAROLINA<br>SC    |                        | SOUTH DAKOTA<br>SD                                 |  | SASKATCHEWAN<br>SK    |                   |
|   | TEXAS<br>TX   |                               | UTAH<br>UT           |                          | VIRGINIA<br>VA                |                      | VERMONT<br>VT   |                     | WASHINGTON<br>WA   |                                  | WISCONSIN<br>WI   |  | WEST VIRGINIA<br>WV     |                        | WYOMIING<br>WY                                     |  | YUKON<br>YT           |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
| 7   | 12<br>EQUIP.<br>NO.   | VEHICLE IDENTIFICATION NUMBER |                      |                          |                               | 3<br>YEAR            | 4<br>MAKE   | 5<br>**VEH.<br>TYPE | 6<br>AXLES<br>SEATS  | 7<br>**FUEL<br>TYPE              | 8<br>EMPTY<br>WGHT.   | 9<br>GROSS<br>WEIGHT                     | 10<br>PURCHASE<br>PRICE | 11<br>FACTORY<br>PRICE | 12<br>TITLE DATE<br>MO/DAY/YR                      | 13<br>LEASE DATE<br>MO/DAY/YR                      | 14<br>PLATE<br>NUMBER |                   |
|   | FIRST<br>UNIT   | 15 OWNER ▶                    |                      |                          |                               | 16<br>D<br>M<br>V    | 17 TITLE<br>NUMBER ▶  |                     | 18 OWN/<br>LEASE ▶   |                                  | 19 NEW/<br>USED ▶   |  | 20<br>D<br>M<br>V       | 21 BUS<br>HSP ▶        |  | 22 DATE VEH FIRST<br>ADDED TO FLEET ▶<br>MO/DAY/YR |                       | 23<br>D<br>M<br>V |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
| SECOND<br>UNIT                                    | 15 OWNER ▶  |                               |                      |                          | 16<br>D<br>M<br>V             | 17 TITLE<br>NUMBER ▶ |   | 18 OWN/<br>LEASE ▶  |  | 19 NEW/<br>USED ▶                |   | 20<br>D<br>M<br>V                        | 21 BUS<br>HSP ▶         |                        | 22 DATE VEH FIRST<br>ADDED TO FLEET ▶<br>MO/DAY/YR |  | 23<br>D<br>M<br>V     |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
| THIRD<br>UNIT                                     | 15 OWNER ▶  |                               |                      |                          | 16<br>D<br>M<br>V             | 17 TITLE<br>NUMBER ▶ |   | 18 OWN/<br>LEASE ▶  |  | 19 NEW/<br>USED ▶                |   | 20<br>D<br>M<br>V                        | 21 BUS<br>HSP ▶         |                        | 22 DATE VEH FIRST<br>ADDED TO FLEET ▶<br>MO/DAY/YR |  | 23<br>D<br>M<br>V     |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   |   |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
| 8   | I HEREBY STATE, UNDER PENALTY OF FALSE SWEARING AND PENALTIES OUTLINED IN CHAPTERS 17A AND 17D THAT THERE IS IN EFFECT A MOTOR VEHICLE LIABILITY POLICY UPON THE DESCRIBED VEHICLES IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. PRIMARY PURPOSE OF THIS FLEET IS TO: |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |
|   | AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____ INSURANCE COMPANY NAME _____<br>INSURANCE POLICY STARTING DATE _____ ENDING DATE _____ INSURANCE AGENT _____ POLICY NUMBER _____  |                               |                      |                          |                               |                      |   |                     |  |                                  |   |  |                         |                        |  |  |                       |                   |